

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER

2011 MAY 16 PM 1:34

(Office Use Only) MC

U.S. HOUSE OF REPRESENTATIVES

A \$200 penalty shall
be assessed against
anyone who files
more than 30 days
late.

Bruce Lowell Braley

202-225-2911

(Full Name)

(Daytime Telephone)

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: IA District: 01	<input type="checkbox"/> Officer Or Employee	Employing Office:
Report Type	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Termination Date:

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, complete and attach Schedule I.		If yes, complete and attach Schedule VI.	
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, complete and attach Schedule II.		If yes, complete and attach Schedule VII.	
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, complete and attach Schedule III.		If yes, complete and attach Schedule VIII.	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, complete and attach Schedule IV.		If yes, complete and attach Schedule IX.	
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	
If yes, complete and attach Schedule V.			

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions-	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

Name Bruce Lowell Braley

Page 2 of 7

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
Waterloo Community School District	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Bruce Lowell Braley

Page 3 of 7

BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or	Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
PEPSICO, INC	\$50,001 - \$100,000	DIVIDENDS	\$1,001 - \$2,500	
AMANA MUTUAL FUNDS TRUST INCOME FUND	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
COLUMBIA MID CAP VALUE FUND A	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	S(part)
DAVIS NEW YORK VENTURE FD CL A	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	S(part)
EUROPACIFIC GROWTH FUND CL F	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
AMERICAN FUNDS GROWTH FUND OF AMERICA CLASS F	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	S(part)

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Bruce Lowell Braley

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	HARTFORD MID CAP FUND CLASS A	\$1,001 - \$15,000	DIVIDENDS	NONE	S(part)
	IVY FUNDS PACIFIC OPPORTUNITIES FUND CLASS A	\$1,001 - \$15,000	DIVIDENDS	NONE	
	LAZARD EMERGING MARKETS PORTFOLIO RETAIL SH	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	LOOMIS SAYLES FUNDS II INV GRADE BOND FD CL A	\$1,001 - \$15,000	CAPITAL GAINS	\$201 - \$1,000	
	NEUBERGER BERMAN EQUALITY TR SOCIALLY RESPONSIVE TR	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
	PIMCO FUNDS TOTAL RETURN ED CLASS A	\$1,001 - \$15,000	CAPITAL GAINS	\$201 - \$1,000	
	TEMPLETON GLOBAL BOND FL CLASS A	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
	THORNBURG INV TR INTERNATIONAL VALUE FD CLASS A	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
	INSURED BANK PROGRAM	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
	BARON ASSET FUND	None		NONE	S
	GATEWAY TRUST INDEX PLUS FUND CLASS A	None		NONE	S
	JPMORGAN TRUST I HIGHSIDE STATISTICAL	None		NONE	S
	T ROWE PRICE GROWTH STOCK	None		NONE	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Bruce Lowell Braley

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	EQUITY COMPASS MANAGED ACCOUNT	\$100,001 - \$250,000	CAPITAL GAINS	\$2,501 - \$5,000	P
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SCHEDULE IV - TRANSACTIONS

Name Bruce Lowell Braley

Page 6 of 7

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	BARON ASSET FUND	S	Yes	2-19-10	\$1,001 - \$15,000
	COLUMBIA MID CAP VALUE FUND A	S	No	2-19-10	\$15,001 - \$50,000
	DAVIS NEW YORK VENTURE FD CL A	S	Yes	2-19-10	\$15,001 - \$50,000
	GATEWAY TRUST INDEX PLUS FUND CLASS A	S	Yes	2-19-10	\$1,001 - \$15,000
	GROWTH FUND OF AMERICA CL F	S	Yes	2-19-10	\$50,001 - \$100,000
	HARTFORD MID CAP FUND CLASS A	S	No	2-19-10	\$1,001 - \$15,000
	JPMORGAN TRUST I HIGHSIDE STATISTICAL	S	No	2-19-10	\$1,001 - \$15,000
	T ROWE PRICE GROWTH STOCK	S	Yes	2-19-10	\$1,001 - \$15,000

SCHEDULE V - LIABILITIES

Name Bruce Lowell Braley

Page 7 of 7

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
	COMMUNITY NATIONAL BANK	July 2010	Bridge Loan- Paid off 9/8/2010	\$10,001 - \$15,000

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A
Page 1 of 5
For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER

2011 MAY 13 PM 2:02

(Office Use Only)

U.S. HOUSE OF REPRESENTATIVES

A \$200 penalty shall
be assessed against
anyone who files
more than 30 days
late.

MC

David Wayne Loebsack

(Full Name)

202-225-6576

(Daytime Telephone)

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: IA District: 02	<input type="checkbox"/> Officer Or Employee	Employing Office:
Report Type	<input checked="" type="checkbox"/> Annual (May 15) <input type="checkbox"/> Amendment <input type="checkbox"/> Termination		Termination Date:	

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, complete and attach Schedule I.			If yes, complete and attach Schedule VI.		
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, complete and attach Schedule II.			If yes, complete and attach Schedule VII.		
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, complete and attach Schedule III.			If yes, complete and attach Schedule VIII.		
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX.	Did you have any reportable agreement or arrangement with an outside entity?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, complete and attach Schedule IV.			If yes, complete and attach Schedule IX.		
V.	Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		
If yes, complete and attach Schedule V.					

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

Name David Wayne Loebssack

Page 2 of 5

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
Iowa Public Employees Retirement Pension	Spouse Pension	n/a

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name David Wayne Loeksack

Page 3 of 5

BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E
<p>Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or</p>	<p>Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."</p>	<p>Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p>	<p>Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p>	<p>Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
<p>CREF Bond Market</p> <p>CREF Equity Index</p> <p>CREF Global Equities</p> <p>CREF Growth</p> <p>CREF Money Market</p> <p>CREF Stock</p>	<p>\$1,001 - \$15,000</p> <p>\$1,001 - \$15,000</p> <p>\$15,001 - \$50,000</p> <p>\$15,001 - \$50,000</p> <p>\$1,001 - \$15,000</p> <p>\$15,001 - \$50,000</p>	<p>CAPITAL GAINS</p> <p>CAPITAL GAINS</p> <p>CAPITAL GAINS</p> <p>CAPITAL GAINS</p> <p>CAPITAL GAINS</p> <p>CAPITAL GAINS</p>	<p>\$201 - \$1,000</p> <p>\$201 - \$1,000</p> <p>\$1,001 - \$2,500</p> <p>\$2,501 - \$5,000</p> <p>\$1 - \$200</p> <p>\$1,001 - \$2,500</p>	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name David Wayne Loeksack

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	TC Lifecycle Fund 2020	\$100,001 - \$250,000	CAPITAL GAINS	\$5,001 - \$15,000	
	TC Lifecycle Fund 2025	\$15,001 - \$50,000	CAPITAL GAINS	\$2,501 - \$5,000	
	TIAA Real Estate	\$1,001 - \$15,000	Capitol Losses	\$201 - \$1,000	
	TIAA Traditional	\$15,001 - \$50,000	INTEREST	\$1,001 - \$2,500	
SP	Vanguard Extended Market Index Fund	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
SP	Vanguard Intermediate Term Bond Index	\$1,001 - \$15,000	DIVIDENDS	\$1,001 - \$2,500	S(part)
SP	Vanguard Long Term Bond Index	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
SP	Vanguard Prime Money Market Fund	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	Vanguard Prime Money Market Fund	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
SP	Vanguard Short Term Investment Grade Fund	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	
SP	Vanguard VBS Stock Holdings	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	

SCHEDULE IV - TRANSACTIONS

Name David Wayne Loeksack

Page 5 of 5

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
SP	Vangaurd Intermediate Term Bond Index	S(part)	No	7/20/2010	\$15,001 - \$50,000

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

Form A
For use by Members, officers, and employees

HAND DELIVERED

Name: Leonard L. Boswell Daytime Telephone: 225 3806

100% ACTIVE RESOURCE CENTER

2011 MAY 12 PM 3:30

U.S. HOUSE OF REPRESENTATIVES
OFFICE OF THE CHIEF CLERK
(This Line Only)

MC

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>Iowa</u>	<input type="checkbox"/> Officer or Employee	Employing Office:	A. \$200 penalty shall be assessed against anyone who files more than 30 days late.
Report Type	<input checked="" type="checkbox"/> Annual (May 16, 2011)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Termination Date:	

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed! Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III—ASSETS AND “UNEARNED” INCOME

Name Leonard L. Boswell

Page 3 of 5

* Don't know value - Tower doesn't belong to me, I lease them space for their tower locations
For additional assets and unearned income, use next page.

SCHEDULE IV— TRANSACTIONS

Name Leonard L Boswell

Page 4 of 5

Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. **If only a portion of an asset is sold, please so indicate (i.e., "partial sale").** See example below.

Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.

SCHEDULE V— LIABILITIES

Name Leonard L Boswell

Page 5 of 5

Report liabilities of over \$10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred Mo/Year	Type of Liability	Amount of Liability								
				A Under \$10,000	B \$15,001- \$50,000	C \$51,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$2,500,000	H \$2,500,001- \$5,000,000	I \$5,000,001- \$25,000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE				X					
	<i>Great Western Bank, Lew IA.</i>	<i>Mar 2010</i>	<i>Farm Operating loan</i>		X							

SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

Form A
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Page 1 of 4

LEGISLATIVE RESOURCE CENTER

2011 MAY 13 PM 2:14

CLERK OF THE HOUSE
U.S. HOUSE OF REPRESENTATIVES

Name: Thomas P. Latham

Daytime Telephone: 202-225-5476

HAND DELIVERED *mk*

(Office Use Only)

Filer Status <input checked="" type="checkbox"/>	Member of the U.S. House of Representatives	State: <u>Iowa</u>	District: <u>4</u>	<input type="checkbox"/> Officer or Employee	Employing Office:	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	
Report Type <input checked="" type="checkbox"/>	Annual (May 16, 2011)	<input type="checkbox"/> Amendment		<input type="checkbox"/> Termination	Termination Date:		

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? <i>If yes, complete and attach Schedule I.</i>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? <i>If yes, complete and attach Schedule VI.</i>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? <i>If yes, complete and attach Schedule II.</i>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? <i>If yes, complete and attach Schedule VII.</i>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? <i>If yes, complete and attach Schedule III.</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? <i>If yes, complete and attach Schedule VIII.</i>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? <i>If yes, complete and attach Schedule IV.</i>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? <i>If yes, complete and attach Schedule IX.</i>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? <i>If yes, complete and attach Schedule V.</i>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE III—ASSETS AND “UNEARNED” INCOME

Name Thomas P. Latham

Page 2 of 4

SCHEDULE III—ASSETS AND “UNEARNED” INCOME

Continuation Sheet (if needed)

 Name Thomas P. Latham

 Page 3 of 4

SP, DC, JT	Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income							BLOCK E Transaction P, S, E
		A None	B \$1 - \$1,000	C \$1,001 - \$15,000	D \$15,001 - \$50,000	E \$50,001 - \$100,000	F \$100,001 - \$250,000	G \$250,001 - \$500,000	H \$500,001 - \$1,000,000	I \$1,000,001 - \$5,000,000	J \$5,000,001 - \$25,000,000	K \$25,000,001 - \$50,000,000	L Over \$50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS EXCEPTED/BLIND TRUST	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I None	II \$1 - \$200	III \$201 - \$1,000	IV \$1,001 - \$2,500	V \$2,501 - \$5,000	VI \$5,001 - \$15,000	VII \$15,001 - \$50,000	VIII \$50,001 - \$100,000	IX \$100,001 - \$1,000,000
	401K Pension Plan American Funds		X																									
	Individual Retirement Acct. Smith Barney Fundamental Value Fund CL-C		X																									
	Green Circle Investments Inc. Common Stock - Bank Holding Co. for Peoples Trust + Savings Bank, Adel, IA				X									X														
	Congressional Federal Credit Union		X												X													
	Peoples Trust + Savings Bank Adel, IA			X										X														
	First Citizens Natl. Bank Clarion, IA				X										X													

SCHEDULE III—ASSETS AND “UNEARNED” INCOME

Continuation Sheet (if needed)

Name Thomas P. Latham

Page 4 of 4

The right choice for the long term®



American Funds®
RETURN TO **LATHAM HI-TECH HYBRIDS INC**
101 BETH ST
AMES, IA 50014-8028

246

RECEIVED
LATHAM HI-TECH HYBRIDS INC

THOMAS LATHAM
2218 IRONWOOD CT
AMES IA 50014-7872

LATHAM HI-TECH HYBRIDS INC 401K

Plan ID: [REDACTED]
Participant SSN: [REDACTED]

Your financial representative
[REDACTED]

MORGAN STANLEY SMITH BARNEY LLC
801 GRAND AVE STE 3800
DES MOINES IA 50309-8006

Account Statement
January 01-March 31, 2011

Keep the music playing

Find out why people are living longer and learn
how you can prepare for a lengthy retirement in
the enclosed "Your Retirement Resource."

For more account information

- Find your financial representative
- Call your financial representative
- Toll-free 24-hour automated phone service: 877/833-8322
- American Funds Retirement Plan website:
americanfunds.com/retire
- Personal assistance - 9 a.m. to 8 p.m. Eastern time M-F
Retirement Plan Services: 800/421-6019

Need some guidance?

Your plan's financial professional is available to
offer guidance or give you a second opinion on
any financial decisions you're considering. Contact
him or her today to schedule a meeting.

Please review this statement carefully to confirm that we have accurately and properly acted on your instructions. We must be notified as soon as possible if any discrepancies are identified, but no later than 30 calendar days from the date of this statement. After 30 days, this account information
shall be deemed accurate and acceptable by you. Corrections of any discrepancies in which notification is provided after 30 days will be processed
from the date of notification and not on a retroactive basis.

Your account at a glance

Beginning balance as of 01/01/2011	\$36,419.72
Total contributions	\$0.00
Total withdrawals	\$0.00
Total other	\$0.00
Change in value	\$1,714.07
Ending balance as of 03/31/2011	\$38,133.79
Ending vested balance as of 03/31/2011	\$38,133.79

RECEIVED
LATHAM HI-TECH HYBRIDS INC

APR 10 2011 2011-04-10 10:10:10 AM (EST) AMERICAN FUNDS

THOMAS LATHAM
 SSN: [REDACTED]
 PLAN ID: [REDACTED]

Summary of activity by fund

	<i>Beginning balance</i>	<i>Total contributions</i>	<i>Total withdrawals</i>	<i>Total other</i>	<i>Total exchanges</i>	<i>Change in value</i>	<i>Ending balance</i>
The Growth Fund of America-R2	\$24,158.73	\$0.00	\$0.00	\$0.00	\$0.00	\$1,235.14	\$25,383.87
New Perspective Fund-R2	\$7,005.76	\$0.00	\$0.00	\$0.00	\$0.00	\$275.81	\$7,281.57
EuroPacific Growth Fund-R2	\$1,245.15	\$0.00	\$0.00	\$0.00	\$0.00	\$41.13	\$1,286.28
SMALLCAP World Fund-R2	\$1,306.95	\$0.00	\$0.00	\$0.00	\$0.00	\$32.52	\$1,339.47
New World Fund-R2	\$519.28	\$0.00	\$0.00	\$0.00	\$0.00	\$3.81	\$523.09
Washington Mutual Investors Fund-R2	\$7,056.91	\$0.00	\$0.00	\$0.00	\$0.00	\$125.66	\$7,182.57
American Funds Money Market Fund-R2	\$126.94	\$0.00	\$0.00	\$0.00	\$0.00	\$126.94	\$126.94
Total	\$36,419.72	\$0.00	\$0.00	\$0.00	\$0.00	\$1,714.07	\$38,133.79

Transaction activity

	<i>Transaction date</i>	<i>Description</i>	<i>Dollar amount</i>	<i>Share price</i>	<i>Shares this transaction</i>	<i>Total shares</i>
The Growth Fund of America-R2	01/01/2011	Beginning balance	\$25,383.87	\$31.25		812,604
	03/31/2011	Ending balance				812,604
New Perspective Fund-R2	01/01/2011	Beginning balance	\$7,281.57	\$29.04		250,743
	03/31/2011	Ending balance				250,743
EuroPacific Growth Fund-R2	01/01/2011	Beginning balance	\$1,286.28	\$41.60		30,920
	03/31/2011	Ending balance				30,920
SMALLCAP World Fund-R2	01/01/2011	Beginning balance	\$1,339.47	\$38.31		34,964
	03/31/2011	Ending balance				34,964
New World Fund-R2	01/01/2011	Beginning balance	\$523.09	\$53.59		9,761
	03/31/2011	Ending balance				9,761
Washington Mutual Investors Fund-R2	01/01/2011	Beginning balance	\$7.81	\$27.45		76,323
	03/18/2011	Dividend Reinvest				76,608
	03/31/2011	Ending balance	\$2,182.57	\$28.49		76,608
American Funds Money Market Fund-R2	01/01/2011	Beginning balance	\$126.94	\$1.00		126,940
	03/31/2011	Ending balance				126,940



UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

Form A
For use by Members, officers, and employees

Page 1 of 9

Name: Steven Arnold King

Daytime Telephone: 202-225-4426

LEGISLATIVE RESOURCE CENTER

2011 MAY 16 AM 10:18

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC

HAND DELIVERED

(Office Use Only)

Filer Status	<input checked="" type="checkbox"/>	Member of the U.S. House of Representatives	State: <u>Iowa</u>	Officer or Employee	Employing Office:		
Report Type	<input checked="" type="checkbox"/>	Annual (May 16, 2011)	<input type="checkbox"/>	Amendment	<input type="checkbox"/>	Termination	Termination Date:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? <i>If yes, complete and attach Schedule I.</i>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? <i>If yes, complete and attach Schedule VI.</i>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? <i>If yes, complete and attach Schedule II.</i>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? <i>If yes, complete and attach Schedule VII.</i>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? <i>If yes, complete and attach Schedule III.</i>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? <i>If yes, complete and attach Schedule VIII.</i>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? <i>If yes, complete and attach Schedule IV.</i>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? <i>If yes, complete and attach Schedule IX.</i>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? <i>If yes, complete and attach Schedule V.</i>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II—PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green envelope for transmitting the list is included in each Member's filing package.

This page may be copied if more space is required.

SCHEDULE III—ASSETS AND “UNEARNED” INCOME

Name Steven Arnold King Page 4 of 9

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.

Provide complete names of stocks and mutual funds (do not use ticker symbols.)

For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (*i.e.*, plans in which you have the power, *even if not exercised*, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.

For rental or other real property held for investment, provide a complete address.

For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.

Exclude: Your personal residence, including second homes and vacation homes (*unless* there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left.

For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.

BLOCK B

Value of Asset

Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."

BLOCK Q

Type of Income

Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. **Dividends, interest, and capital gains, even if reinvested, must be disclosed as Income.** Check "None" if the asset generated no income during the reporting period.

BLOCK B

Amount of Income

For retirement accounts that do not allow you to choose specific investments *or* that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. **Dividends, interest, and capital gains, even if reinvested, must be disclosed as income.** Check "None" if no income was earned or generated.

BLOCK F

Block 2

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year

SCHEDULE III—ASSETS AND “UNEARNED” INCOME

Continuation Sheet (if needed)

Name Steven Arnold King

Page 5 of 9

SCHEDULE IV— TRANSACTIONS

Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. **If only a portion of an asset is sold, please so indicate (i.e., "partial sale").** See example below.

Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the “capital gains” box and disclose this income on Schedule III.

Name Steven Arnold King

Page 6 of 9

SCHEDULE V— LIABILITIES

Name

Steven Arnold King

Page 7 of 9

Report liabilities of over \$10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred Mo/Year	Type of Liability	Amount of Liability									
				A \$10,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE				X						
	None												

SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345
None		

Use additional sheets if more space is required.

SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization

SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

Use additional sheets if more space is required.